

Newborn Screening: Filling out the Form



The Oklahoma State Department of Health Newborn Screening Program has updated the newborn screening filter paper kit. The purpose of this presentation is to review the new filter paper kit and discuss the information that needs to be collected with every specimen.

Filling out the Form

Specimen testing will be delayed if the form is incomplete!

The filter paper kit number or serial number is a unique identifier for each filter paper.

The form is the Oklahoma Newborn Screening (NBS) Form. It includes sections for Baby's Information (Name, Sex, Race, Date of Birth, Time, Birth Weight, Birth Length, Head Circumference, Apgar scores), Mother's Information (Name, Address, City, State, Zip, Telephone, Alternate Telephone, Date of Birth, Medical ID #, Last 4 of SSN), and Provider's Information (Name, Address, City, State, Zip, Telephone, Alternate Telephone, Date of Birth, Medical ID #, Last 4 of SSN). The form also includes checkboxes for various screening tests (TSH, PKU, SCD, CF, etc.) and a section for the provider's signature and date. The serial number 1899064 is circled in red at the top left and bottom left. A yellow vertical strip on the right side contains the text 'CHART COPY' and 'DETACH AND PLACE IN MEDICAL RECORD'. A red vertical strip on the far right contains the text 'DETACH AND GIVE TO PARENT OR GUARDIAN'.



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Newborn Screening Program

2

Before we review how to fill out the form, we are going to review each component of the filter paper kit. The top, white page, is the filter paper form or test requisition. Please note, the serial number is on the top left hand corner of the form. This is a unique identifier for each filter paper and is printed on each part of the filter paper kit.

Filling out the Form

Specimen testing will be delayed if the form is incomplete!

The yellow copy belongs with the baby's medical record.

1899064 Oklahoma Newborn Screening (NBS) Form
To order forms, call the ODH-NBS Program 800-271-9370

PARENT INFORMATION
☐ First Screen ☐ Second Screen ☐ Previous Screen ☐ NBS Label
 Not Screened Due To: ☐ Refused ☐ Expired ☐ _____
☐ Transferred ☐ _____
 Last Name: _____ First Name: _____
 Birth Date: _____ Time: _____ (24 hr Clock)
 Collection Date: _____ Time: _____ (24 hr Clock)
 Medical Record #: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone #: _____
 Mother's Date of Birth: _____ Mother's Bloodwork ID #: _____ Mother's Last 4 of DOB: _____
 Physician Ordering NBS (Last, First): _____ Physician's Office: _____ Physician ID #: _____
 Primary Care/Referring Physician (Last, First): _____ Physician ID #: _____

BABY INFORMATION
 Sex: ☐ Male ☐ Female
 Name (Child at Birth): _____
 Date of First Screen: _____
 Right Ear: ☐ Passed ☐ Failed ☐ Not Performed ☐ Refused ☐ Other
 Left Ear: ☐ Passed ☐ Failed ☐ Not Performed ☐ Refused ☐ Other
 Screen Method: ☐ GPT ☐ GALT
 If not screened, reason: _____
 Screening Status: ☐ Passed ☐ Failed ☐ Not Performed ☐ Refused ☐ Other
 Family History: ☐ Deafness ☐ Deafness ☐ Deafness ☐ Deafness
 In Utero Infection: ☐ CMV ☐ CMV ☐ CMV ☐ CMV
 Congenital Anomalies: ☐ ECHO ☐ ECHO ☐ ECHO ☐ ECHO
 Birth History: ☐ Birth History ☐ Birth History ☐ Birth History
 Medical History: ☐ Medical History ☐ Medical History ☐ Medical History

SUBMITTER INFORMATION
 Submitting Facility/Provider's ID #: _____
 Submitting Facility/Provider's Name: _____
 Submitting Facility/Provider's Address: _____
 Submitting Facility/Provider's Phone: _____

CHART COPY
 DETACH AND PLACE IN MEDICAL RECORD

DETACH AND GIVE TO PARENT OR GUARDIAN



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Newborn Screening Program

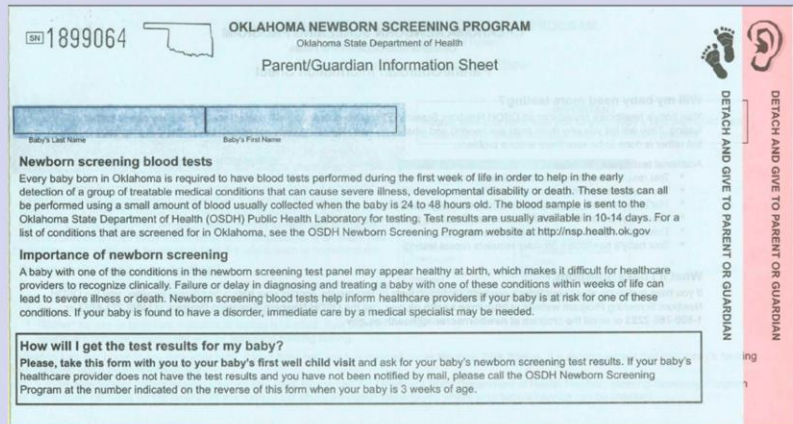
3

The second page, the yellow page, is a copy of the form. The yellow page should be detached and placed in the baby's medical record

Filling out the Form

Specimen testing will be delayed if the form is incomplete!

The blue and pink pages provide information for the parents on the newborn screening blood and hearing tests. These should be removed and provided to parents.



The form is titled "OKLAHOMA NEWBORN SCREENING PROGRAM" and "Parent/Guardian Information Sheet". It includes a header with the Oklahoma State Department of Health logo and a form number "1899064". The form is divided into sections for "Newborn screening blood tests" and "Importance of newborn screening". It also includes a section for "How will I get the test results for my baby?". The form is designed to be filled out by parents or guardians. There are instructions on the right side of the form to "DETACH AND GIVE TO PARENT OR GUARDIAN".

OKLAHOMA NEWBORN SCREENING PROGRAM
Oklahoma State Department of Health
Parent/Guardian Information Sheet

Newborn screening blood tests
Every baby born in Oklahoma is required to have blood tests performed during the first week of life in order to help in the early detection of a group of treatable medical conditions that can cause severe illness, developmental disability or death. These tests can all be performed using a small amount of blood usually collected when the baby is 24 to 48 hours old. The blood sample is sent to the Oklahoma State Department of Health (OSDH) Public Health Laboratory for testing. Test results are usually available in 10-14 days. For a list of conditions that are screened for in Oklahoma, see the OSDH Newborn Screening Program website at <http://insp.health.ok.gov>

Importance of newborn screening
A baby with one of the conditions in the newborn screening test panel may appear healthy at birth, which makes it difficult for healthcare providers to recognize clinically. Failure or delay in diagnosing and treating a baby with one of these conditions within weeks of life can lead to severe illness or death. Newborn screening blood tests help inform healthcare providers if your baby is at risk for one of these conditions. If your baby is found to have a disorder, immediate care by a medical specialist may be needed.

How will I get the test results for my baby?
Please, take this form with you to your baby's first well child visit and ask for your baby's newborn screening test results. If your baby's healthcare provider does not have the test results and you have not been notified by mail, please call the OSDH Newborn Screening Program at the number indicated on the reverse of this form when your baby is 3 weeks of age.

DETACH AND GIVE TO PARENT OR GUARDIAN



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Newborn Screening Program

4

The third page, the blue page, provides information for the parents about the newborn screening test. The 4th page, the pink page, provides information for the parents about the newborn hearing screening. The blue and the pink pages should be removed and provided to the parents prior to discharge.

Filling out the Form

Specimen testing will be delayed if the form is incomplete!

Instructions for Collecting Blood Spot Specimens
Note: Do NOT handle blood collection area of Newborn Screening Form before, during, or following sampling.
 Collect blood sample from center or inner border of heel

Diagram: A diagram of a heel with a red circle indicating the collection site. Labels include 'HEEL', 'VENE', 'CUTIS', and 'CORNEA'.

Legend:
 CORRECT/ACCEPTABLE: One blood and every puncture
 WRONG/UNACCEPTABLE: Multiple applications/puncturing, Multiple applications/puncturing, Multiple applications/puncturing, Serum clots present

Steps:
 1. Rubbed infant's foot lower than rest of body to increase blood flow.
 2. Warm heel with warm water up to 41°C for 3 to 5 minutes.
 3. Clean infant's heel with 70% isopropyl alcohol and allow to air-dry.
 4. Rub heel with heel until heel is warm and dry.
 5. Allow a large drop of blood to accumulate then wipe away with sterile gauze.
 6. Wipe away the first drop of blood with a sterile gauze.
 7. Allow a second large drop of blood to accumulate.
 8. Wipe away the first drop of blood with a sterile gauze.
 9. Allow a second large drop of blood to accumulate.
 10. Wipe away the first drop of blood with a sterile gauze.
 11. Allow blood spots to air-dry at room temperature for 2-4 hours.
 12. When completely dry, fold protective flap over blood spots.
 13. Seal and open the envelope for transport to testing laboratory.

Form Fields:
 Preprinted circles for blood collection.
 Collector's Name: _____
 Unit: _____
 Date: 8/22/24-40

Important: Do NOT Touch the section with the preprinted circles, other than spot for initials and unit information. Touching the filter paper could result in contamination and impact screen results.



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Newborn Screening Program

5

The 5th page has two parts, the white part with the 5 circles, is the filter paper where the specimen is collected. It is important to not touch the filter paper as this could contaminate the specimen and impact the screen results. The manila portion provides the instructions for collecting the specimen.

Specimen testing will be delayed if the form is incomplete!

[illegible]

The front of the last page of the filter paper kit, provides instructions on how to complete the hearing screen portion of the newborn screen form.

Filling out the Form

Specimen testing will be delayed if the form is incomplete!

- **Check expiration date**

- If the filter paper is expired, discard the paper, and check the stock of filter paper kits and discard all expired kits.
- Collect the specimen on a kit that is not expired.



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Newborn Screening Program

8

Check the expiration date before filling out the form or collecting the specimen. There are two places that the expiration date can be checked. The first is on the front of the kit on the top left hand corner. The second place is on the filter paper portion below the 5 pre-printed circles. If the filter paper has expired, discard the kit, check your stock of filter paper kits to ensure that ALL of the expired kits are discarded. Collect the specimen on a kit that is not expired. Testing will not be completed on specimens that are collected on an expired kit, delaying screening for the baby. Now we will move on to explain how to correctly complete the filter paper form.

Filling out the Form: Specimen Information

Specimen testing will be delayed if the form is incomplete!

- If this is the first specimen collected for the baby, check the “First Screen” box.
- If baby has had a previous screen, check the “Repeat Screen” box.
 - List the previous OSDH Lab Number, if applicable.

SN XXXXXXXX

☐ First Screen ☐ Repeat Screen Previous NBS Lab#

Not Screened Due To ☐ Refused ☐ Expired ____/____/____

☐ Transferred ____/____/____ to

Tests Requested ☐ All Tests ☐ HGB Only ☐ GALT ☐ Phe Monitor ☐ CFTR

BABY'S INFORMATION



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Newborn Screening Program

9

Please note that specimen testing will be delayed if the form is not filled out completely. This PowerPoint will cover each section of the form and review the requested information. The first section on the form is specimen information. If this is baby's initial screen, meaning no screens have previously been collected, check the first screen box. If baby has had a previous screen collected check the repeat screen box and enter the previous OSDH newborn screening lab number if known. You can also enter the filter paper serial number in this section, if the lab number is not available.

Filling out the Form: Specimen Information

Specimen testing will be delayed if the form is incomplete!

- Check the “Refused” box if parents refuse the NBS
 - Provide parents with NBS brochure & answer any questions they might have about the screen.
 - Ensure the parents fill out a Refusal Form; keep a copy for baby’s record and fax a copy to the NBS Program using fax # 405-271-4892



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Newborn Screening Program

10

If the baby is not screened due to refusal, please check the refused box and complete all demographic information. Provide parents with the newborn screening brochure and answer any questions they may have. Ensure that parents fill out the refusal form, the refusal form can be found on the Newborn Screening website. Keep a copy of the refusal form for the baby’s medical record and fax a copy to the NBS Program at fax # 405-271-4892.

Filling out the Form: Specimen Information

Specimen testing will be delayed if the form is incomplete!

- If baby expires before a screen can be collected:
 - Check the “Expired” box
 - Enter the date that baby passed away
 - Submit the filter paper form to the OSDH PHL



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Newborn Screening Program

11

If the baby is not screened because he/she expired before the specimen could be collected, check the expired box and enter the date baby passed away. Complete the section for mom and baby's demographic information and send the completed form to the NBS PHL.

Filling out the Form: Specimen Information

Specimen testing will be delayed if the form is incomplete!

- If baby is transferred prior to specimen collection:
 - Check the "Transferred " box
 - Enter the date that baby transferred and the facility that baby was transferred to
 - It is the responsibility of the receiving facility to collect the newborn screen



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Newborn Screening Program

12

If the baby is transferred to another facility before the screen can be collected, check the transferred box, and enter the date baby was transferred and the facility the baby was transferred to. Complete mom and baby's demographic information and send the completed form to the NBS PHL.

Filling out the Form: Specimen Information

Specimen testing will be delayed if the form is incomplete!

- Tests Requested: Check all that apply
- All Tests- always check unless test is for HGB Only or Phe Monitor. This ensures the lab screens for all disorders on the NBS panel.
- HGB Only- Check if repeat screen is for follow-up of initial abnormal HGB result.

- GALT- Check GALT in addition to All Tests if there is a family history of galactosemia or if baby is on lactose-free (soy) formula at time screen is collected.
- Phe Monitor- Check only if baby has been diagnosed with PKU (typically metabolic specialists only)
- CFTR- Check in addition to All Tests if baby has clinical concerns for CF, meconium ileus, and/or family history of CF.

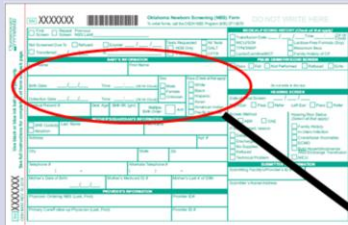
OKLAHOMA STATE DEPARTMENT OF HEALTH Newborn Screening Program

13

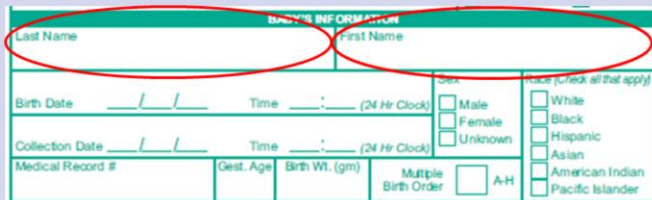
In the tests requested section, all tests should always be checked, unless the test is for a hemoglobin only screen or a phe monitor. Hemoglobin only screens are done when the initial screen is out of range for a hemoglobin trait. At about 4 months of age, the NBS program will request a hemoglobin only screen to confirm baby's trait status. Phe monitors are only collected for baby's who have been diagnosed with PKU and are typically only collected by a metabolic specialty clinic. GALT should be checked, along with ALL Tests, if there is a family history of galactosemia or if baby is on lactose free or soy formula at the time of collection. CFTR should be checked, along with ALL Tests, if there are clinical concerns for cystic fibrosis, baby has a meconium ileus, and/or there is a family history of cystic fibrosis.

Filling out the Form: Infant's Information

Specimen testing will be delayed if the form is incomplete!



- Baby's first & last name
 - If baby's first name is unknown, "BG" or "Female", "BB" or "Male" may be used.



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Newborn Screening Program

14

This section will cover the baby's demographic information. Include first and last name. If possible, please use the baby's name that is entered on the birth certificate. If baby's first name is unknown you may enter the sex of the baby, such as BG or female for girls and BB or male for boys.

Filling out the Form: Infant's Information

Specimen testing will be delayed if the form is incomplete!

- Sex/Gender
 - Check "Male", "Female", or "Unknown"

BABY'S INFORMATION					
Last Name			First Name		
Birth Date ____/____/____		Time ____:____ (24 Hr Clock)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
Collection Date ____/____/____		Time ____:____ (24 Hr Clock)		Race (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander	
Medical Record #	Gest. Age	Birth Wt. (gm)	Multiple Birth Order	A-H	



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Newborn Screening Program

15

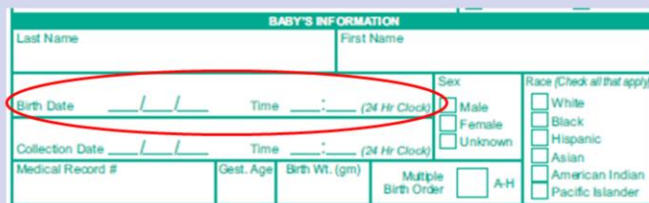
Enter the sex of the baby- male, female, or unknown if you are not able to accurately identify the sex of the baby

Filling out the Form: Infant's Information

Specimen testing will be delayed if the form is incomplete!

A small thumbnail image of the entire Newborn Screening form. A red circle highlights the 'BABY'S INFORMATION' section, and a black arrow points from this circle to the larger, detailed view of that section on the right.

- Date & Time of birth
 - Enter the time using the 24 hour clock. For example 1PM would be entered as 13:00.

A detailed view of the 'BABY'S INFORMATION' section of the form. The section includes fields for Last Name, First Name, Birth Date, Time (24 Hr Clock), Sex (Male, Female, Unknown), Race (White, Black, Hispanic, Asian, American Indian, Pacific Islander), Collection Date, Time (24 Hr Clock), Medical Record #, Gest. Age, Birth Wt. (gm), Multiple Birth Order, and A-H. A red circle highlights the Birth Date and Time fields.

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Newborn Screening Program

16

Enter the date and time of the baby's birth. When entering the time use the 24 hour clock or military time. For example 1pm would be entered as 1300.

Filling out the Form: Infant's Information

Specimen testing will be delayed if the form is incomplete!

- Date & Time of specimen collection
 - Ideal time for well, term newborn:
24 hours + 1 minute of age
 - Enter the time using the 24 hour clock. For example 1PM would be entered as 13:00.

BABY'S INFORMATION			
Last Name		First Name	
Birth Date	Time	Sex	Race (Check all that apply)
Collection Date	Time	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
Medical Records #	Gest. Age	Birth Wt. (gms)	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander
Multiple Birth Order		A-H	



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Newborn Screening Program

17

Next enter the date and time the specimen is collected. Ideally for healthy full term newborns the screen will be collected at 24 hours plus 1 minute of age. Please ensure when the time of collection is entered the 24 hour clock or military time is utilized. For example 1pm would be entered as 1300.

Filling out the Form: Infant's Information

Specimen testing will be delayed if the form is incomplete!

- Medical record number
 - Baby's medical record number

BABY'S INFORMATION					
Last Name			First Name		
Birth Date ____/____/____		Time ____:____ (24 Hr Clock)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
Collection Date ____/____/____		Time ____:____ (24 Hr Clock)		Race (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander	
Medical Record #		Gest. Age	Birth Wt. (gm)	Multiple Birth Order	A-H



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Newborn Screening Program

18

Please enter baby's medical record number in this box. This number may need to be used if baby has an abnormal screen and the nbs follow up team needs to call the hospital for additional information.

Filling out the Form: Infant's Information

Specimen testing will be delayed if the form is incomplete!

- Gestational Age
 - List gestational age at birth.
 - Lab cut off values for abnormal severe combined immunodeficiency (SCID) results are gestational age dependent.

BABY'S INFORMATION					
Last Name			First Name		
Birth Date ____/____/____		Time ____:____ (24 Hr Clock)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
Collection Date ____/____/____		Time ____:____ (24 Hr Clock)		Race (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander	
Medical Record #	Gest. Age	Birth Wt. (gm)	Multiple Birth Order	<input type="checkbox"/> A-H	



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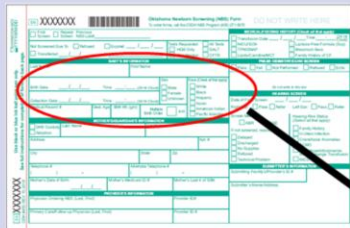
Newborn Screening Program

19

List the baby's gestational age at birth. This is important because lab cut offs for abnormal severe combined immunodeficiency (SCID) results are gestational age dependent.

Filling out the Form: Infant's Information

Specimen testing will be delayed if the form is incomplete!



- Birthweight (in grams)
 - Lab cut off values for abnormal congenital adrenal hyperplasia (CAH) results are dependent on birth weight.

BABY'S INFORMATION					
Last Name		First Name			
Birth Date	Time	(24 Hr Clock)	Sex	Race (Check all that apply)	
Collection Date	Time	(24 Hr Clock)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander	
Medical Record #	Gest. Age	Birth Wt. (gm)	Multiple Birth Order	A-H	



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Newborn Screening Program

20

Slide 20: Enter the baby's birth weight in grams. Lab cut offs for abnormal congenital adrenal hyperplasia (CAH) results are dependent on baby's birth weight.

Filling out the Form: Infant's Information

Specimen testing will be delayed if the form is incomplete!

- Birth order (if multiple birth is present)
 - Indicate "A", "B", "C", etc. if baby is of multiple birth (twin, triplet, etc.).
 - Do NOT mark anything in this space if baby is a single birth.

BABY'S INFORMATION					
Last Name			First Name		
Birth Date ____/____/____	Time ____:____ (24 Hr Clock)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Race (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander	
Collection Date ____/____/____	Time ____:____ (24 Hr Clock)		Medical Record #	Gest. Age	Birth Wt. (gm)
			Multiple Birth Order <input type="checkbox"/> A-H		



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Newborn Screening Program

21

If baby is of a multiple birth, such as a twin or a triplet, enter the baby's birth order. For example if baby is the first twin born, enter an A here. If baby is a single birth this space should be left blank.

Filling out the Form: Mom's Information

Specimen testing will be delayed if the form is incomplete!

- DHS Custody or Adoption

Note: If baby is adopted, be sure to check the Adoption box on the filter paper form and enter the agency/law firm information in this section. If DHS is involved, enter case worker information in this section and check the DHS Custody box.



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Newborn Screening Program

22

The next section of the form is mom's or guardians demographic information. Please note that if baby is adopted, you will check the box for adoption and then enter the adoption agency or law firm information in this section. If baby is in DHS Custody, mark the DHS custody box and enter the DHS case worker information in this section.

Filling out the Form: Mom's Information

Specimen testing will be delayed if the form is incomplete!

- Mom's first and last name

Note: If baby is adopted, be sure to check the Adoption box on the filter paper form and enter the agency/law firm information in this section. If DHS is involved, enter case worker information in this section and check the DHS Custody box.



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Newborn Screening Program

23

If adoption and/or DHS custody do not apply, please complete this section with birth mom's demographic information including mom's first and last name.

Filling out the Form: Mom's Information

Specimen testing will be delayed if the form is incomplete!

- Mom's mailing address:
 - Street, Apt # (if applicable), City, State, Zip

Note: If baby is adopted, be sure to check the Adoption box on the filter paper and enter the agency/law firm information in this section. If DHS is involved, enter case worker information in this section and check the DHS Custody box.



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Newborn Screening Program

24

Enter mom's mailing address including full street address with apartment number, if applicable, city, state, and zip code. This is very important if parents need to be contacted for follow up of abnormal screen results.

Filling out the Form: Mom's Information

Specimen testing will be delayed if the form is incomplete!

Note: If baby is adopted, be sure to check the **Adoption** box on the filter paper and enter the agency/law firm information in this section. If **DHS** is involved, enter case worker information in this section and check the **DHS Custody** box.

- Mom's telephone number:
 - Extremely important to include in case newborn screen results are abnormal and require follow-up.

MOTHER'S/GUARDIAN'S INFORMATION			
<input type="checkbox"/> DHS Custody	Last Name		First Name
<input type="checkbox"/> Adoption			
Address			Apt. #
City		State	Zip
Telephone #		Alternate Telephone #	
Mother's Date of birth		Mother's Medicaid ID #	Mother's Last 4 of SSN



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Newborn Screening Program

25

An accurate telephone number for mom is also very important if mom needs to be contacted for follow up related to abnormal screen results. There is also now a spot for an alternative phone number, if one is available.

Filling out the Form: Provider's Information

Specimen testing will be delayed if the form is incomplete!

A small thumbnail image of the entire Newborn Screening form. A red circle is drawn around the 'PROVIDER'S INFORMATION' section at the bottom of the form. An arrow points from this circle to a larger, more detailed view of the same section on the right.

- Physician Ordering the NBS:
 - Include first and last name
 - Enter the NBS Provider ID #, if known

PROVIDER'S INFORMATION	
Physician Ordering NBS (Last, First)	Provider ID #
Primary Care/ Follow-up Physician (Last, First)	Provider ID #



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Newborn Screening Program

26

You will notice on the new form, we are requesting the information for the physician ordering the newborn screen in the hospital. This includes, last name, first name, and newborn screen provider ID.

Filling out the Form: Provider's Information

Specimen testing will be delayed if the form is incomplete!

- Primary Care/Follow-up Physician:
 - Planned health care provider upon discharge from birthing facility
 - Include first and last name
 - Enter the NBS Provider ID #, if known
 - **Extremely important** that this is correct in case newborn screen results are abnormal and require follow up.

PROVIDER'S INFORMATION	
Physician Ordering NBS (Last, First)	Provider ID #
Primary Care/Follow-up Physician (Last, First)	Provider ID #



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Newborn Screening Program

27

We are also requesting the information for the follow up or primary care provider. This is the provider that will be seeing the baby outside of the birthing facility. Please include last name, first name, and provider ID. If the nbs provider ID is not known, please enter the phone number for the provider. It is extremely important that this information is correct in case the newborn screen results are abnormal and follow up is required. The NBS program will contact the follow up PCP to initiate follow up activities.

Filling out the Form: Medical/Feeding History

Specimen testing will be delayed if the form is incomplete!

- Check all that apply for baby at the time of specimen collection
 - If transfused enter the date and time of transfusion
 - NICU/Special Care Nursery
 - TPN/SNAP
 - Lipids/Carnitine/MCT
 - Lactose-Free (Soy) Formula
 - Meconium Ileus
 - Family History of Cystic Fibrosis (CF)



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Newborn Screening Program

28

The top right section of the form is for baby's medical/feeding history. All of these variables can impact the screen results and/or follow up. Please check all that apply for the baby at the time of specimen collection. If baby has been transfused, please enter the date and time of the transfusion using the 24 hour clock or military time.

Filling out the Form: Pulse Oximetry (CCHD) Screen

Specimen testing will be delayed if the form is incomplete!

A screenshot of the Oklahoma Newborn Screening form. A red circle highlights the 'Pulse Oximetry Screen' section, which includes checkboxes for 'Pass', 'Fail', 'Not Performed', 'Refused', and 'Echo'. An arrow points from this section to a larger, more detailed view of the same section below.

- Pulse Oximetry Screen: Check Only ONE
 - Pass
 - Fail
 - Not Performed
 - Refused
 - Echo

Note: If parents refuse the pulse oximetry screen, provide them with a pulse oximetry brochure and answer any questions they might have about the screen. Ensure the parents fill out a Refusal Form; keep a copy for baby's record & fax a copy to the NBS Program using fax # 405-271-4892.

A close-up of the 'PULSE OXIMETRY/CCHD SCREEN' section of the form. It features five checkboxes: 'Pass', 'Fail', 'Not Performed', 'Refused', and 'Echo'. The 'Pass' checkbox is currently selected.

OKLAHOMA STATE DEPARTMENT OF HEALTH

Newborn Screening Program

29

For pulse oximetry or CCHD screening results, only one box should be checked- choose either pass, fail, not performed, refused, or echo. If parents refuse the pulse oximetry screen, please provide them with the pulse oximetry brochure and answer any questions they might have. The parents must sign the refusal form. A copy of the refusal form should be kept for the baby's medical record and a copy should be faxed to the NBS program at 405-271-4892.

Filling out the Form: Hearing Screen

Specimen testing will be delayed if the form is incomplete!

- Provide Date of Final Screen.
 - Note: Hospitals should only provide the final hearing screening results. If a second screen is required, report ONLY the second/final screen results.



OKLAHOMA STATE DEPARTMENT OF HEALTH

Newborn Screening Program

30

When filling out the Hearing Screening section, provide the Date of the Final Screen. For most babies, they will pass the initial screening. However, if a second screen is required, report ONLY the second/final screen results.

Filling out the Form: Hearing Screen

Specimen testing will be delayed if the form is incomplete!

- Indicate Right Ear and Left Ear results utilizing "x".
 - Pass
 - Refer (Not Passed)

Note: Case Management actions will be generated based on the results provided. Be sure to double check that results have been transferred over accurately as not to delay patient care.



OKLAHOMA STATE DEPARTMENT OF HEALTH

Newborn Screening Program

31

After completing the hearing screening, the equipment will indicate Pass or Refer for each individual ear. Document Right Ear and Left Ear results utilizing an "x." Make sure you enter the correct results for the each ear and ensure only one result is selected per ear, as a child can NOT both pass and refer a screening. NEVER combine the results of the first and second screening on the form. Combining results could miss a Unilateral, single sided, hearing loss which could greatly impact a child's life outcomes.

Filling out the Form: Hearing Screen

Specimen testing will be delayed if the form is incomplete!

- Indicate Screen Method used.
 - At this time, all Oklahoma birthing hospitals are using Automated Auditory Brainstem Response (ABR).

HEARING SCREEN

Date of Final Screen ____/____/____

Right Ear: ☐ Pass ☐ Refer Left Ear: ☐ Pass ☐ Refer

Screen Method
☐ ABR ☐ OAE

If not screened, reason
☐ Delayed
☐ Discharged
☐ No Supplies
☐ Refused
☐ Technical Problem

Hearing Risk Status
 (Select all that apply)
☐ Family History
☐ In Utero Infection
☐ Craniofacial Anomalies
☐ ECMO
☐ Both Hyperbilirubinemia AND Exchange Transfusion
☐ NICU



OKLAHOMA STATE DEPARTMENT OF HEALTH

Newborn Screening Program

32

Be sure to indicate the screen method on the filter paper. Currently all Oklahoma hospitals utilize Automated Auditory Brainstem Response – also known as ABR.

Since some children will have a delayed screening, such as those in the NICU, do not prefill screen method. Only mark the method if a screening HAS been completed.

Filling out the Form: Hearing Screen

Specimen testing will be delayed if the form is incomplete!

Hearing Risk Status Check ALL that Apply

- **Family History** - blood relatives of the infant have a permanent hearing loss that began in early childhood

- **In Utero Infection** - if infant exposed to CMV, herpes, rubella, syphilis, toxoplasmosis, Zika, etc.
- **Craniofacial Anomalies** - if infant displays pinna/ear canal malformations (microtia, atresia, ear dysplasia), cleft palate, microcephaly, hydrocephalus, etc.



OKLAHOMA STATE DEPARTMENT OF HEALTH

Newborn Screening Program

33

Completing the ABR is only the first half of the screening. Risk factor screening must be completed as well. Make sure you select ALL risk factors that apply. This may require reviewing the patient's chart or asking about family history. Remember that family history includes a blood relatives of the infant have a permanent hearing loss that began in early childhood. This does not include family members who lost their hearing due to age or circumstances such as loud noise.

If a child has an in utero infection, make sure to mark the form appropriately. A list of possible infections is listed in the instruction section.

Craniofacial anomalies can be an indicator of unseen internal structural issues that could impact hearing. Be sure to complete a visual inspection prior to the screening to see if malformations are noted.

Complete this section even if hearing screening is delayed.

Filling out the Form: Hearing Screen

Specimen testing will be delayed if the form is incomplete!

Hearing Risk Status Check ALL that Apply

- **ECMO** - if extracorporeal membrane oxygenation administered to infant
- **Both Hyperbilirubinemia AND Exchange Transfusion** - infant has hyperbilirubinemia requiring exchange transfusion
 - Must have both to select this risk factor
- **NICU** - if infant in NICU or special care nursery



OKLAHOMA STATE DEPARTMENT OF HEALTH

Newborn Screening Program

34

Mark ECMO if this applies to the child. Research has shown that ECMO is linked with delayed onset hearing.

Both **Hyperbilirubinemia AND Exchange Transfusion** must be present to select this option as risk factor on the new form.

Finally, select the NICU box if a child has been in the NICU or special care nursery.

Filling out the Form: Hearing Screen

Specimen testing will be delayed if the form is incomplete!

- **No Supplies** - no supplies available for the hearing screen
- **Refused** - Parents/guardian refused a hearing screen
- **Technical Problems** - technical issue prevented screen and report issues to the Newborn Screening Hearing Program

Not Screened

- **Delayed** – cannot be completed before the blood specimen is sent (e.g., infant in NICU).
- **Discharged** – not screened prior to discharge



OKLAHOMA STATE DEPARTMENT OF HEALTH

Newborn Screening Program

35

If hearing screen cannot be performed, indicate the reason by selecting the appropriate box in the “If not screened, reason(s)” section.

If the hearing screen is delayed, mark delayed. Do not delay sending the blood specimen to the public health lab.

If baby was discharged prior to performing the hearing screen, mark discharged and send the blood specimen to the public health lab. The parent/guardian will need to be contacted to bring the baby back for a hearing screen.

If baby was not screened due to no supplies, mark no supplies and send the blood spot specimen to the public health lab. The parent/guardian will need to be contacted to bring the baby back for a hearing screen when supplies are received.

If the baby was not screened due to refusal, please check the refused box and complete all demographic information. Provide parents with the newborn screening hearing brochure and answer any questions they may have. Ensure that parents fill out the refusal form, the refusal form can be found on the Newborn Screening Website. Keep a copy of the refusal form for the baby’s medical record and fax a copy to the NBS Program at fax # 405-271-4892.

If the baby was not screened due to technical problems, report the issues to the Newborn Screening Hearing Program so that actions can be taken to ensure all babies receive a screening in compliance with state mandates.

Filling out the Form: Hearing Screen

Specimen testing will be delayed if the form is incomplete!

Delayed Screening:

- Perform the hearing screening prior to discharge.
- Record the hearing screen results in the appropriate boxes on both the yellow Chart copy and pink Parent/Guardian copy.
- Fax a copy of the results to the Newborn Hearing Screening Program at 405-271-4892.



OKLAHOMA STATE DEPARTMENT OF HEALTH

Newborn Screening Program

36

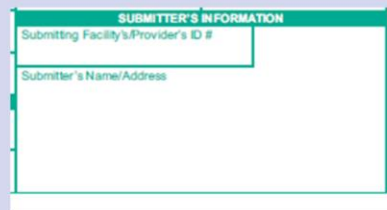
If a screening was delayed, perform the hearing screening prior to discharge. Record the hearing screen results in the appropriate boxes on both the yellow Chart copy and pink Parent/Guardian copy. Fax a copy of the results to the Newborn Hearing Screening Program at 405-271-4892. Please be certain that the infant's name and NBS Form Serial Number are legible on the photocopy.

Filling out the Form: Submitter ID

Specimen testing will be delayed if the form is incomplete!

A screenshot of a newborn screening form. The form is divided into several sections with green headers. A red circle is drawn around the bottom right corner of the form, indicating the area for the submitter ID.

- Submitting Health Provider ID #
 - This is the ID of the provider/facility who collected the specimen
 - Write or stamp in facility name and address

A close-up of the 'SUBMITTER'S INFORMATION' section of the form. It contains two fields: 'Submitting Facility's/Provider's ID #' and 'Submitter's Name/Address'.

OKLAHOMA STATE DEPARTMENT OF HEALTH

Newborn Screening Program

37

The lower right hand corner of the form is where the submitter ID is entered. This is the newborn screening ID number of the provider or facility who collected the specimen.

Filling out the Form

Specimen testing will be delayed if the form is incomplete!

- **Unsatisfactory Specimen Follow-up**
 - Scanned images of unsatisfactory specimens are emailed back to hospitals to be used for continuing education. Specimen collectors can place their initials and unit in the area below for identification purposes, in the event of an unsatisfactory specimen. This allows for easier identification of the individual who collected the specimen so that further education and/or training can be provided.

Note: Do not touch the filter paper in any other area other when writing initials and unit.



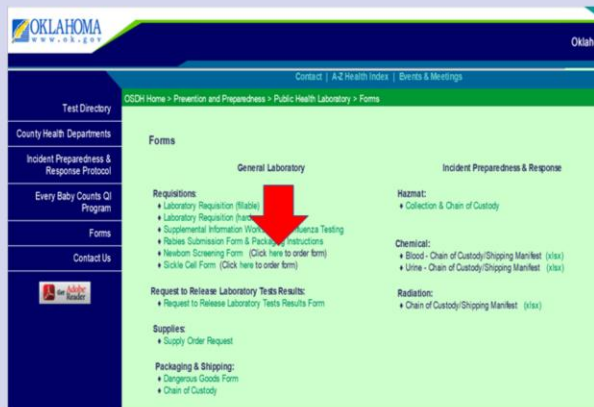
OKLAHOMA STATE DEPARTMENT OF HEALTH

Newborn Screening Program

38

When unsatisfactory specimens are received the nbs phl emails scanned images of the unsatisfactory specimen to hospitals to use for continuing education. The individual collecting the specimen can place his or her initials in the lower right hand corner of the filter paper, under the 5 circles where the blood is collected. This allows for easier identification of the individual who collected the specimen for further education and or training. Do not touch the filter paper anywhere except where the initials and unit will be written.

Ordering Filter Papers



- Go to Oklahoma State Department of Health website (www.ok.gov/health)
- Click- Prevention, Preparedness (Left hand side in blue)
- Click- Public Health Laboratory (Left hand in blue or lower left of the green area)
- Click- Forms (Left hand side in blue)
- Under Requisitions- Next to Newborn Screening Form- Click “here” to order forms (Top, Left in green)
- If you need assistance finding the online form or completing it call the Public Health Laboratory at 405-271-5070



OKLAHOMA STATE DEPARTMENT OF HEALTH

Newborn Screening Program

39

You can order filter papers online by going to the Oklahoma State Department of Health website, www.ok.gov/health. Then you will click Prevention and Preparedness on the blue left hand navigation pane. Once on the next screen click the Public Health Laboratory, this is on the blue left hand navigation pane or on the lower left of the green portion of the screen. Then you will click on Forms in the blue left hand navigation pane. That should bring you to a screen that looks like this. On this screen, under requisitions next the Newborn Screening Form click here in green. This will open an online form that you can complete and submit to order filter papers. If you have trouble locating the form or completing the form please call the NBS PHL at 405-271-5070.

Tips/Reminders

- Specimen testing will be delayed if the form is not completely filled out
- Inaccurate/incomplete information can delay follow up
- One large drop of blood should be placed in each circle, not multiple drops.
- Do not place stickers on the form



OKLAHOMA STATE DEPARTMENT OF HEALTH

Newborn Screening Program

40

As the presentation concludes, we wanted to provide you with a few last minute tips and reminders. Remember specimen testing will be delayed if the form is not completely filled out. Inaccurate/incomplete information can delay follow up for a baby that has abnormal screen results. One large drop of blood should be placed in each circle, not multiple drops. Do not place stickers on the form, if your facility requires a sticker be placed on the form, place it on the back of the white demographics page.

Oklahoma State Department of Health Newborn Screening Program

NBS Follow Up

Phone: 1-405-271-6617 option 2

Toll Free: 1-800-766-2223 option 2

Fax: 1-405-271-4892

NewbornScreen@health.ok.gov

NBS Public Health Lab

Phone: 1-405-271-5070



OKLAHOMA STATE DEPARTMENT OF HEALTH

Newborn Screening Program

41

Thank you for taking the time to watch this video. The Newborn Screening Program appreciates your assistance in ensuring every baby in the state of Oklahoma receives a newborn screen. If you have questions please use the information on the slide to contact us.